

**POWER OF ATTORNEY
AND CORRESPONDENCE ADDRESS INDICATION FORM**

I hereby revoke all previous powers of attorney given in the patent applications below.

Docket No.	Application No.	Filing Date	First Named Inventor
14267.3	10/778,805	13-Feb-2004	Robert H. Burgener, II
14267.4	10/849,332	19-May-2004	Robert H. Burgener, II
14267.5	10/849,347	19-May-2004	Robert H. Burgener, II
14267.6	10/849,345	19-May-2004	Robert H. Burgener, II
14267.7	10/849,348	19-May-2004	Robert H. Burgener, II
14267.8	11/165,848	17-Jun-2005	Robert H. Burgener, II
14267.10	11/165,847	17-Jun-2005	Robert H. Burgener, II
14267.12	11/156,264	17-Jun-2005	Robert H. Burgener, II

I hereby appoint the practitioners associated with Customer Number 21999 as my attorney or agent to prosecute the above-referenced applications, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-referenced applications to the address associated with Customer Number 21999.

I confirm that I am the applicant/inventor for one or more of the above-referenced applications.

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